Foster Family Home - Corrective Action Report 4

Provider ID:

1-591265

Home Name:

Estela Galera, CNA

Review ID:

1-591265-8

91-1530 Kaikoi Place

Reviewer:

Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date:

10/15/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required

Compliance Manager

Primary Care Giver

10/15/2020 Date 16/15/2020

Date